

Department of Human Services

Division of Developmental Disabilities - Community Services				
Over-the-Counter Medication Orders for Use as Needed				
Name		Date (good for one year)		Doctor's Signature
Allergies				
Symptom	Medication	Dosage	Frequency	Maximum Amount In 24 Hours
Headache				
Menstrual Cramps				
Diarrhea If more than five times/day see doctor.				
Constipation If three days or longer, see doctor.				
Cold Symptoms Including Coughs – If cough lasts longer than three days, see doctor.				
Sinusitis				
Fever under 101°F If more than 101°F, see doctor				
Other: Nausea/vomiting/indigestion				
Any medications that should never be given.				